

OFFICE OF THE STATE BUDGET
OFFICE OF FINANCIAL MANAGEMENT
REQUEST FOR CENTRALLY CONTROLLED PROFILE CHANGES

PART I

1. REQUEST TYPE Add Change Delete Inactivate		2. DATE OF REQUEST	3. OFM LOG NUMBER (OFM Use Only)
4. REQUESTER'S NAME (Last, First, Middle)		5. REQUESTER'S DEPARTMENT	6. REQUESTER'S PHONE NUMBER
7. PROFILE TYPE, PROFILE ID, AND PROFILE/PROGRAM NAME			
8. DESCRIPTION OF THE REQUEST (New Transactions, New Fund, or Other Item to Be Added, Deleted or Modified, etc.)			
9. DOCUMENT THE BENEFITS OF THE REQUEST AND THE BUSINESS RATIONALE (e.g., Why a New Transaction Type is Needed, etc.)			
10. DATE REQUIRED	11. CONTACT NAME AND PHONE NUMBER		
12. DIRECTOR, OFFICE OF BUDGET DEVELOPMENT SIGNATURE (If Applicable)			DATE
13. DIRECTOR, FINANCIAL SERVICES BUREAU, DEPARTMENT OF TREASURY (OR DESIGNEE) SIGNATURE (If Applicable)			DATE
14. DIRECTOR, PURCHASING OPERATIONS, DEPARTMENT OF MANAGEMENT AND BUDGET SIGNATURE (If Applicable)			DATE

PART II Support Services Division – OFM OSB (If Applicable)

1. DATE REQUEST RECEIVED	2. Approve Reject	3. RATIONALE FOR APPROVAL OR REJECTION
4. SUPPORT SERVICES DIVISION SIGNATURE		DATE

PART III Payroll and Tax Reporting Division – OFM OSB (If Applicable)

1. DATE REQUEST RECEIVED	2. Approve Reject	3. RATIONALE FOR APPROVAL OR REJECTION
4. PAYROLL AND TAX REPORTING DIVISION SIGNATURE		DATE

PART IV Accounting & Financial Reporting Division – OFM OSB (If Applicable)

1. DATE REQUEST RECEIVED	2. Approve Reject	3. RATIONALE FOR APPROVAL OR REJECTION
4. ACCOUNTING & FINANCIAL REPORTING DIVISION SIGNATURE		DATE
5. LIAISON SIGNATURE AND DATE	6. MANAGER, ACCOUNTING SECTION SIGNATURE AND DATE	

PART V AFRD – MAIN FACS Service Center Section – OFM OSB

1. DATE REQUEST RECEIVED	2. Approve Reject	3. RATIONALE FOR APPROVAL OR REJECTION
4. MANAGER, MAIN FACS SERVICE CENTER SECTION SIGNATURE		DATE
5. ASSIGNED INDIVIDUAL MAKING THE CHANGE	6. IM NUMBER	
7. INDIVIDUAL MAKING THE CHANGE SIGNATURE (When Complete)		DATE (When Complete)